

MRS Eastern Expansion Meeting

April 19, 2004
Wilson County DSS

Counties Present: Wilson (5), Harnett (3), Johnston (2), Currituck (2), Pasquotank (2), Duplin* (1), Wake (5), New Hanover (4), Martin (1), Lee (2), Moore (2), Gates (1), Durham (2), Scotland (5), Warren (1), Orange (1).
State Staff: Keith Davis, Gale Trevathan, Susan Moss, Gwen Burns. Kim Harman, Diane Chavis, Tony Amos, Renee Hanna.

State Updates

- Handouts and written materials on the table, some of these were given out in Winston-Salem. Counties should pick up a copy if they do not already have one.
- Division is updating our website.
- Evaluation.
 - Legislative mandate to do an evaluation for the first 2 years of MRS.
 - The Division (Tony and Adolph) wrote the first evaluation in April 2003 based on data from the 10 pilot counties.
 - Duke, through the Terry Sanford Institute of Child and Family Studies, agreed to do the 2nd year evaluation at no cost.
 - This report was presented to the General Assembly 4/1 along with a report from the Division.
 - Tony will send this out to MRS counties, one hard copy per county, and on-line. (Can access this on-line by going to: <http://www.pubpol.duke.edu/centers/child/news/MRS.html>)
 - This evaluation is completely from Duke, the Division did not influence the writing. Some key points:
 - MRS has not compromised child safety. (This is the same finding from other states that have been participating in MRS longer than NC.)
 - MRS has not altered the timeliness of response to calls (there was concern it would slow response).
 - MRS has not altered the time frame from report to initiating services.
 - MRS has led to better coordination between DSS and other human services agencies.
 - Supervision/management – not consistent within and across agencies.

Recommendations:

- Decrease caseloads to 1-8. (Both Duke and the Division recommended this. The Division made this recommendation to

the House Committee who will pass it along to the General Assembly.)

*** Note: If caseloads are reduced there will be an expectation from the state that there will be *1 caseworker per family from assessment through in home services*. (Other states that have used blind random samples have found better outcomes with one worker for life of case.)

- Training – Recommend state dollars to train community partners, especially around child and family teams.
- Statewide case management system.
- Other recommendations House Committee accepted:
 - Increase Foster Care board rates
 - Addition of Child & Family Team facilitators
 - Increase to 12 CPR's
 - Hiring MRS coordinator
- Some things Tony has noticed in looking at cases through data warehouse:
 - Should never have a Services related finding with a no risk case. (No risk only ok for foster and group homes and there are not family assessments for them.)
 - 100% of 'Services Needed' cases get 215.
 - If you are using "Z" money (IVE) it needs to be connected to a risk of Foster Care placement, so it should not be low risk, because low risk does not indicate a candidate for Foster Care. (Letter in Fall 02)

Discussion:

- Concern about mixed caseloads. Counties feel that 215 cases will take a backseat to 210.
- County expressed concern that the policy will be flexible about the 1 family, 1 worker situation. For example, sometimes there are benefits to moving the case, such as when there is an expert in sexual abuse cases available. One size does not fit all.
- No talk of increasing salary grade for Foster Care workers. May lead to resentment and higher turnover within Foster Care SWs.
- JoAnn was called about these issues when the questions were raised in the Western meeting, and she indicated that the study regarding turnover of SW staff was done by the Office of State Personnel, not the Division and it did not look at Foster Care workers, only CPS as the turnover rate for CPS is known to be higher. Also indicated that the study only dealt with SW positions, not supervisors. This is due to the fact that SWs are assigned to one area of CW and therefore use state money for salaries, whereas supervisors are often spread across multiple program areas so their salaries are cost allocated, involving more county money.
- Training – concerns about training capacity. Tony asked counties to let Ruth know if they are put on a waiting list for a training and there are non-MRS counties enrolled.
- The Division is beginning work on a new training schedule, counties should be prepared for a survey to come out.

- Some counties mentioned being told that they can only send 3 persons per county to a training. Tony will look into this.
- Some trainings we cannot allow non-Child Welfare people into (because of funding sources). However, the facilitator training is not funded by IVE money, therefore it is possible for non DSS folks to attend. Questions about pre-requisite came up and Tony will get back to them as no one had a training manual handy.
- Evaluation: Questions were asked about the form distributed at the meeting on the 31st and via email. Some parts of the email did not get to everyone (data elements in particular). Tony will re-send. Asked how often they needed to go in and update the form. As often as there was new information.

Where are we? Discussion of various MRS strategies and progress on each one, by county.

Collaboration with Work First

Wilson

- A Family Net County (an initiative dealing with communication within counties) so already meeting with WF.
- Have been doing Family Assessments since November and try to make WF a collateral so that they know there has been contact.
- Not currently attending each other's staffings.

Harnett

- WF has been attending the Child Welfare trainings.
- WF services are discussed with the family and WF worker.

Johntson

- Have not fully implemented yet.
- WF is using Success meetings, will tap into that later. (Success Meetings are where counties meet with all players at the table and decide how that can move families forward that seem to have stalled. Officially starts 30 months into receiving TANF eligibility (as that is their halfway point) but can have them before that. It's a Jump Start for the family.)

Note: 9 counties in the room have Success meetings.

Currituck

- Going to share services agenda so CW and WF know who each other is serving.
- Using WF as a collateral and attend staffing.

Pasquotank

- WF has moved into CW and now called Child Welfare Supportive Services.

- Families that are screened out and have a WF case will be provided preventative services by the WF worker.
- WF is attending trainings, does on call, are collaterals.
- Working toward group staffing.
- WF supervisor attends CW meetings and vice versa. Two groups also share clerical staff.

Duplin

- WF going to CW trainings.
- Both meet with WF rep and CPR when they visit.

Wake

- Taking this broader than just WF, also collaborating with Family Support services.
- Check with WF and FS for all investigations to see if they are involved with the family and they are mandatory collaterals.
- If CW worker receives a case on a WF family, they have a joint staffing so that the contract and Family Services plan are coordinated.

New Hanover

- Have done a major restructuring that involves WF, CW, and Emergency Assistance. EA now goes with the clients that WF and CW already have.
- If CPS receives a report and the family already has an open WF case, the WF worker will do the assessment. (Investigations still done by CPS.)

Martin

- Active in Success Meetings, team members rotate chairing the meetings.
- WF registered for training.
- No formal procedures yet, but informally coordinate when there is a family being served by both.

Gates

- WF and CPS workers have the same supervisor (advantages of being a small county.)
- 2 workers often go out together to see families.
- Front-load with WF services. If WF can instill hope, then CPS will never see that family.
- Small counties "Collaborate or Die!"
- Target date for MRS was 4/1 but started 3/17!

Moore

- Just implemented.

- Always worked together. Identify at intake if the family is being seen by WF as well.
- WF will be going to trainings.
- Working towards using WF on CFT.

Durham

- WF is a collateral.
- They check to see if family is being seen by WF and work to incorporate that into the case plan.

Lee

- WF attending trainings, invited to these meetings.
- Go to each other's staffings.

Scotland

- Brought WF today.
- WF invited to CW staffings if they have worked with the family.
- LBR (Leading By Results) county.

Warren

- Not present after lunch.

Orange

- Would like to implement 7/1 so a lot of planning going on.
- WF is the last strategy to be put in place. This is particularly difficult for them as WF and CPS are in two different cities! (WF in Hillsborough, CPS in Chapel Hill.)
- CPS workers are checking to see if families are involved with WF and if so talking to the WF worker.

Shared Parenting

(By shared parenting, we mean, are the Foster & Biological parents meeting together within 7 days?)

Wake

- Already doing this as they were a Casey County. The SW facilitates the first meeting and it is made clear that it is an introductory meeting. Lots of structure that helps reduce the awkwardness.

Duplin

- Sometimes in less than 7 days.
- Feel that Shared Parenting makes it easier on the SW because the Foster Parents are helping them do part of their job.

- Their first meetings are less formal than Wake's. Have just been introducing them and letting things flow naturally from there.
- Have begun using a checklist with Foster Parents after training to see what they are willing to do. (Supporting Partnerships checklist.)

New Hanover

- Have not gotten to 7 days yet.
- Have incorporated it into their MAPP training.
- Have had individual instances of it happening, but not formalized yet.

Pasquotank

- Having trouble with teenagers in group homes where parents have turned them over.
- Licensing worker just started and not trained yet.

Wilson

- Talked to Foster Parents about it. Still have some more things to get in place.

Barriers to Shared Parenting? (asked to the group as a whole)

- Foster Parent and Social Worker fears.
- Training needs and schedules.
- Safety is still a concern, although it has not been a problem for anyone.
- Tony shared success stories of Alexander and Macon

Child and Family Team Meeting

Wilson

- Finding that the SW does not have enough prep time.
- Families are more likely to participate and have a good feeling about the concept.
- In response to questions from Tony, Wilson county indicated that:
 - They are using the CFT for 'Services Needed' cases.
 - They are not having trouble getting buy-in from community partners, even schools. This may be due to the fact that the SW is also on the CCPT (Community Child Protection Team) and continues to talk to community partners.
 - Meeting have occurred typically about 1pm, after 5pm, or on Saturdays. Surprisingly, people like the Saturday meetings. That way it is not in the middle of all the other things that they are trying to do.
 - So far they have been done in the DSS or other county building.
 - No cases with Domestic Violence yet.

Wake

- Because of being a Casey County, they are used to Team Decision Making (which had to be invoked when a child was taken into care, or whenever they were moved). This approach is being used with CFT and DV.

Durham

- If there have been more than 4 investigations on a family, they use the Team Decision Making Approach.

New Hanover

- First CPT was 3 weeks ago. Found it time consuming and draining.

Tony cautioned that the 10 pilot counties shared that CFT are hard, it will take a lot out of workers and is labor intensive on the front end.

In Home Re-Design

(By this we mean one worker keeping the case, more frequent contacts with the family.)

Wilson

- 2 pilots within agency.
 - 3 SW that are Family Assessment only, if a family is found in need of services, that worker carries 215 all the way.
 - 1 SW carries both Family Assessment and Investigations. If she finds substantiation or in need of services, they go to a 215 case manager.

Johnston

- High-risk families receive weekly visits, moderate risk receive bi-weekly visits.
- Sometimes this overwhelms the family.

Wake

- Workers do not want to keep both kinds of cases, want to do blended teams.

Harnett

- Do not want to keep case, prefer to transfer if in need of services.

New Hanover

- Currently keeping 215 cases, but find that those get neglected because of new calls.
- Looking into whether they will continue in this way or go to blended teams.

Tony shared some lessons learned from the original 10. It is draining on workers and supervisors to keep the case all the way. Must get 215 cases down prior to implementation. Look at low risk cases, look at the policy on a 'stuck' moderate 215 case, have regular, thorough staff meetings.

Law Enforcement

Tony requested that anyone who had any kind of MOA electronically email it to him so that he could share with others to avoid reinventing the wheel.

Moore

- Signed MOA.
- Sheriff very cooperative, there is a spot at DSS where an officer can be stationed. Willing to go on calls with SW.
- Participating in LBR so when that community collaborative was formed were already mentioning MRS.

Wake

- Had three suggestions:
 1. Helps when there is someone from the sheriff's office in the building.
 2. Find common ground, like DV. Don't say "Help me with MRS." Say "How can we help each other on DV?" and things will flow from there.
 3. Involve a 3rd party. (Like the DA's office.) This helps charges to be filed.

New Hanover

- DA's office helps it all come together once you get their support.
- Know what the answer will be when Law Enforcement asks "What exactly do you want me to do?"

Harnett

- Meets with 6 Law Enforcement agencies monthly.

Martin

- Have a monthly meeting with DA or ADA, Sheriff, School, Fire Chief, Health Dept., Family Support, GAL, Mental Health.
- Gives a lot of accountability.
- Discuss every physical and sexual abuse case.

Note that 6 counties were utilizing their Child Advocacy Center. Other states have shown that involving the Advocacy Center helps to expedite prosecutions.

Assigning Cases as Family Assessment

Tony asked who had implemented, and if not yet, what were target dates.

- Moore – Started last Tuesday (4/13). Had 4 reports, 2 Family Assessment, 2 Forensic. The two Family Assessments went well, and the families were willing to meet.
- New Hanover – Started 2/23 with 2 units. (Six SW per unit, assigned to Family Assessment or Forensic.) 3rd unit started 4/1, 4th unit will be brought on 5/1. Getting positive feedback from families. Have assigned a case to a WF worker.
- Wilson – Have done enough cases now (around 100) that they need to determine if they want to continue doing it the way they have been. Thinking about mixed caseloads.
- Gates – Started 3/12, good so far. Had a CFT last Monday which went well.
- Pasquotank – Have not implemented but supervisors gave a test run with a couple of cases. Both were found services not needed, but went well.
- Target dates for the other counties are as follows:
 - Harnett: 6/1 – waiting on training
 - Johnston: 7/1 – waiting on training
 - Currituck: actually assigned 4 a couple of weeks ago.
 - Pasquotank: July – had management changes
 - Duplin: 7/1
 - Wake: 6/1 – pilot in 2 of 5 service areas, county-wide by December
 - Martin: 7/1 – waiting on training
 - Durham: 7/1 – many vacant positions
 - Lee: 7/1 – waiting on training
 - Scotland: 8/1 – waiting on training, high turnover
 - Orange: 7/1 – will roll out 100%
 - Warren: left, Gale, their CPR says they are a couple months out.

Structured Intake

General comments, not enough time to go county by county.

- Reporters don't want to give strengths, or say that there are none.
- Have to be creative and prod the reporters some to get strengths.
- 4 counties present have rotating intake.
- Some found a dedicated intake worker led to a more complete report.
- The 10 counties found that after about 6 months the intake workers got better.

Next Meeting May 17th, Wilson DSS.